

Satisfaction of the Patients and Attendances Getting Treatment from Upazila Health Complex of Patiya

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ABSTRACT

Background: The best way to evaluate health care systems has been suggested to focus on patients' satisfaction with the medical care they receive. One effective method for creating more patient-centred approaches to healthcare delivery is to ask patients about their experiences with the quality of their primary care. The purpose of this study was to evaluate patients' satisfaction and its relation with some demographic factors of respondents in the Upazila Health Complex Patiya, Chattogram.

Materials and methods: It was a descriptive type of cross-sectional study and data were collected from Patiya Upazila Health Complex, Chattogram from January 2024 to April 2024 by face-to-face interview.

Results: In this sample of 250 participants, 139(55.6%) were patients and others were in attendances. Most of the participants were in the 30-49 years age group. 26(10.4%) participants were graduate and 33(13.2%) were illiterate. Maximum participants [105(42%)] were from the upper lower class. The majority of patients were satisfied with the facilities available as well as with the service of doctors (92%) and nurses (77.2%). 144 (57.6%) respondents were partly satisfied with the behaviour of MLSS/4th class office staff and 26 (10.4%) respondents were not at all satisfied. A significant association was found between educational qualification and the cleanliness of the hospital ($\chi^2= 15.53, p_{0.017}$).

Conclusion: The provision of health care at this institution can be further enhanced by measuring the quality of care provided continuously and implementing tiny adjustments to enhance individual processes.

Key word: Attendance; Patient; Satisfaction.

Introduction

One of the accepted benchmarks used to assess the effectiveness of the services offered in hospitals is patient satisfaction.¹ Consumers of hospital services have high expectations and demands as a result of improved socioeconomic status and easier access to healthcare.² Patient satisfaction is defined as an individual assessment of healthcare services and providers, obtained through the collection of an

individual assessment of care that cannot be ascertained through direct observation of care.³ With today's high levels of competition and sophisticated technologies, patients are more informed about healthcare and typically have higher expectations than they did in the past, when most patients lacked the professional knowledge to assess the quality of the service being provided and to base their satisfaction on their own experience.⁴

The final user of a hospital is a patient. The one who is in trouble is a patient who hopes for comfort, treatment and recovery from the hospital.⁵ In advance of a visit, the patient develops expectations. Patients can have a satisfied or dissatisfied reaction after visiting the hospital and observing its amenities. A multitude of factors, such as lifestyle, prior experiences, future expectations and the value placed on individuals and society as a whole, are connected to the complex concept of human satisfaction.⁶

As a result, monitoring and assessing healthcare delivery is crucial to maintaining and raising the standard of medical care. In the past, patient reports received less attention in contrast to functional and technical outcome reports. However, in more recent times, the healthcare system made an effort to consider hospital patients' preferences and acceptability.⁷

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Maintaining the quality of the workplace and healthcare facilities is essential to ensure patient satisfaction in the future.⁸

Healthcare managers in developing nations seem to have paid little attention to what patients have to say about their healthcare systems.⁹ This is the case even though patient satisfaction surveys are one of the recognised benchmarks used to assess how well hospitals' service delivery systems are working. Furthermore, understanding patient satisfaction is important. Because contented patients are more likely to follow treatment recommendations, keep using medical services and encourage referrals, all of which increase service volumes. The results of these surveys are beneficial to and instructive for health professionals as well. The input they've gotten will likely assist them in pinpointing possible areas where their services could be improved.^{10,11} This study is aimed at assessing the level of patient and attendance satisfaction with in and out-patient services at Patiya Upazila Health Complex of Chattogram, Bangladesh.

Materials and methods

A cross-sectional study was performed between January 2024 and April 2024 at 50-bed Patiya Upazila Health Complex, which is in Chattogram district of Bangladesh. A total sample size of 250 participants was collected by convenient sampling technique. Verbal consent was taken from all the participants and approval of the study was taken from the hospital (Upazila Health Complex). Participants were interviewed face to face in the hospital in and Out patient Department of Upazila Health Complex, Patiya. Interviews were conducted by trained interviewers using pretested questionnaires. Information regarding demographic characteristics like age, gender, educational status, occupational status and socioeconomic class was recorded. Different characteristics of the hospital like service of hospital administration, doctor, nurse, hospital staff, waiting time, etc. Which can affect patient satisfaction were measured on five points

- i) Very satisfied
- ii) More than satisfied
- iii) Satisfied
- iv) Partly satisfied
- v) Not at all satisfied.

Data were entered and analysed by using SPSS 25. Descriptive statistics was used to analyse the data and results were presented frequencies with percentages in tabular and diagram form.

Results

Table I Socio-demographic characteristics of respondents (n = 250)

Variables	Category	n (%)
Type of respondent	Attendance	111(44.4)
	Patient	139(55.6)
Age (In years)	20-29	67(26.8)
	30-39	79(31.6)
	40-49	75(30.0)
	50-59	29(11.6)
Educational qualification	Illiterate/No formal education	33(13.2)
	Primary/Equivalent	90(36)
	Secondary/Equivalent	101(40.4)
	Graduate	26(10.4)
Type of Family	Nuclear Family	81(32.4)
	Joint Family	142(56.8)
	Extended Family	27(10.8)
Occupation of respondents	Service holder	32(12.8)
	Business	36(14.4)
	Farmer	30(12)
	Technician	25(10)
	Village Doctor	2(0.80)
	Worker	32(12.8)
	Housewife	59(23.6)
	Student	21(8.4)
	Others	13(5.2)

A total of 250 respondents participated making a response rate of 100%. Among all respondents, 111(44.4%) were attendance and 139 (55.6%) were patients. Most respondents (31.6%) were in the age group of 30-39 years. Regarding educational qualification, 13.2% were illiterate. The highest group of respondents 142(56.8%) were from joint families 27(10.8%) were from extended and the other 81(32.4%) were from the nuclear family. Regarding the qualification of the participants, most of the participants 59 (23.6%) were housewives and 12% were farmers, 14.4% were businessmen, 12.8% were service holders.

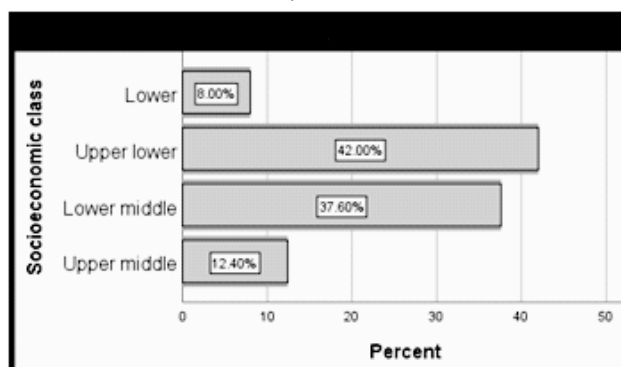


Figure 1 Socioeconomic Class (n=250)

It is shown by the Figure that the maximum number of participants 105(42%) belonged to the upper lower class, 94 participants (37.6%) were from the lower middle class, 31 (12.4%) respondents were from the upper middle whereas 20(8%) respondents were from the lower class.

Table II Satisfaction levels of study participants with different service categories (n=250)

Variables	No (%)
Service of Hospital administration	
Very satisfied	0
More than satisfied	22 (8.8)
Satisfied	164 (65.6)
Partly satisfied	64 (25.6)
Not at all satisfied	0
Nursing care service	
Very satisfied	0
More than satisfied	23 (9.2)
Satisfied	170 (68)
Partly satisfied	55 (22)
Not at all satisfied	2 (0.8)
Physician careservice	
Very satisfied	0
More than satisfied	65(26)
Satisfied	167 (66.8)
Partly satisfied	18 (7.2)
Not at all satisfied	0

Table III Association between Educational Qualification and Cleanliness of the hospital (n=250)

Variables	No (%)
Service of laboratory and radiology	
Very satisfied	0
More than satisfied	12(4.8)
Satisfied	204 (81.6)
Partly satisfied	32 (12.8)
Not at all satisfied	2(0.8)
Cleanliness of the hospital	
Very satisfied	0
More than satisfied	66(26.4)
Satisfied	146 (58.4)
Partly satisfied	38 (15.2)
Not at all satisfied	0
Waiting time in the hospital to get treatment	
Very satisfied	0
More than satisfied	02(0.8)
Satisfied	147 (58.8)
Partly satisfied	95 (38)
Not at all satisfied	6 (2.4)

Variables	No (%)
Medicine gets from hospital	
Very satisfied	0
More than satisfied	19 (7.6)
Satisfied	202 (80.8)
Partly satisfied	29 (11.6)
Not at all satisfied	0
Behaviour Of MLSS/4th class office staff	
Very satisfied	0
More than satisfied	0
Satisfied	80 (32)
Partly satisfied	144 (57.6)
Not at all satisfied	26 (10.4)

Most of the respondents (65.6%) said they were satisfied with the service of hospital administration like at the ticket counter during outdoor/indoor services or at the time of discharge from the hospital in the hospital account section.

Patients' level of satisfaction was found to be better regarding nursing care (68%), Physician care (66.8%), and diagnostic services (81.6%). Regarding the cleanliness of the whole hospital, 146 (58.4%) respondents said that it was satisfactory as it is an Upazila Health Complex. In this study almost half of the study participants (58.8%) were satisfied with waiting time to get treatment and about 3/4th of the participants (80.8%) were satisfied with the medicine that get from hospital. But dissatisfaction was found to be more regarding the behaviour of MLSS/4th class office staff, about 70%.

Table IV Relationship between cleanliness idea and education level (n=250)

		Cleanliness of the hospital			Total	Remarks
		Satisfied	Partly Satisfied	Not at all Satisfied		
Educational qualification	Illiterate/No formal education	5(15.15%)	17(51.51%)	11(33.33%)	33	p=0.017
		(7.5%)	(11.7%)	(28.9%)		
	Primary/Equivalent	29(32.2%)	50(55.5%)	11(12.3%)	90	$\chi^2=15.53$
		(43.9%)	(34.2%)	(28.9%)		
	Secondary/Equivalent	22(21.8%)	67(66.3%)	12(11.9%)		
		(33.4%)	(45.8%)	(31.6%)	101	
	Graduate	10(38.4%)	12(46.4%)	4(15.2%)		
		(15.2%)	(8.3%)	(10.6%)	26	
Total		66(26.4%)	146(58.4%)	38(15.2%)	250	

Considering of respondents the association between educational qualification and cleanliness of the hospital, it was found that, 67(45.8%) respondents who had secondary educational qualification were not fully satisfied with the cleanliness of the hospital. The chi square test revealed that there was significant association between educational qualification and cleanliness work of the hospital ($\chi^2= 15.53$ p_{0.017}).

In socioeconomic class of respondents, it was found that 65(39.6%) participants from upper lower class were satisfied with the service of the hospital administration. The chi square test revealed that there was no significant association between socioeconomic class and service of hospital administration ($\chi^2= 11.90$ p_{0.064}). Most of the respondents 164(65.6%) were satisfied with the services available in the hospital. Maximum numbers of participants coming to the hospital were from upper lower socio-economic class. So their expectations from hospital services may be low.

Discussion

Any disease's course is determined by the patient's decision to seek care, by when they arrive at the right diagnostic and treatment facilities in a timely manner and by the quality of care they receive from providers. The performance of the health system is increasingly being gauged by customer satisfaction with service delivery. The distribution, accessibility and use of health services are all indicators of satisfaction.

The overall level of satisfaction of the patients regarding hospital administration services was found to be good (74.4%) which is similar to the findings of the study done in Nagpur.¹ A study conducted in Srinagar reported only 6.7% of patients were poorly satisfied with hospital services.¹² Another study carried out in Ethiopia, reported that 54.1 % of patients were satisfied with services in the hospital.¹³

In this study, satisfaction with the nursing service was quite good where 170 (68%) respondents said that they were satisfied with nursing services and 23 (9.2%) respondents were more than satisfied. However, it is higher compared to the study conducted by Woldeyohanes et al. in Southwest Ethiopia (49.7%).¹⁴

From the study, a total of 93% of participants were satisfied with the service of the physician which is similar to the study of Arpita Bhattacharya et al. She also reported 98.2% of patients were satisfied with the behaviour of doctors.¹⁵

Regarding laboratory and radiology services of the facility, about two-thirds (81.6%) of the participants were satisfied with the service they received in the hospital. This finding is higher (64.9%) than the study performed in specialized governmental hospitals in Addis Ababa, Ethiopia.¹⁶

Most of the patients were satisfied with the cleanliness of the health complex. Few authors had findings similar to the present study.^{1,6} Only 15.2% of respondents were not fully satisfied with the cleanliness of the hospital and it's like the findings of reported 12% of patients were dissatisfied with the cleanliness of the hospital.¹² The present result revealed that more than half of the study participants (59.6%) were satisfied with the waiting time to get service which is a little higher compared with the study (47%) conducted in Ethiopia.¹⁶ However, some authors found more dissatisfaction among participants with waiting time.^{11,17}

More than 88% of patients were satisfied by the medicine availability and supply in the Upazila Health Complex which was much higher compared to that of a study in Jimma University Specialized Hospital, Southwest Ethiopia which reported that nearly 54.7% of the clients were satisfied by the drug availability and supply in the inpatient pharmacy.¹⁴

In this study, 68% of the respondents were not satisfied fully with the behaviour of MLSS/4th class office staff which is in contrast to the findings of Acharya S et al who found that about 94% of patients were satisfied with the behaviour of office staff.¹⁸

Association was determined statistically by the Chi-square test to get an idea about educational qualifications and the cleanliness of the hospital. The results showed that there was a considerable relationship between educational qualification and the cleanliness idea of the hospital, satisfaction level (33.4%) increased as the educational level increased and those who had an educational level of intermediate. However, the patients who were in an illiterate category of education had the lowest satisfaction level (7.5%). In a study by Afzal M et al. similar to the present study it was noted that education had shown a clear connection with patient satisfaction. In that study, a significant association was found in patient satisfaction with Socioeconomic Status (SES).¹⁹ But that is contrary to the present study, where there was no significant association between SES and patient satisfaction (p_{0.06}, $\chi^2=11.90$).

Conclusion

Patient satisfaction surveys are an easy and affordable approach to evaluate hospital services. The results of this investigation were conducted to gauge the level of satisfaction among patients and attendants at Patiya Upazila Health Complex, it was found that patients were pleased with the service of the clinicians, hospital administration, laboratory and radiology and medicine supplied by health complex. Most of the patients were satisfied regarding cleanliness of the hospital.

Respondents were not fully satisfied regarding the waiting time for getting treatment and behaviour of the staff of the hospital. The level of satisfaction was found to be significant between cleanliness of the hospital and educational qualification of the respondents.

Recommendations

There is room for improvement in the hospital's services regarding waiting time. By holding special sessions for behaviour change communication, hospital staff members' behaviour can be improved.

Disclosure

The authors declared no conflicts of interest.

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